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Doc#: 0432314266
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 11/18/2004 02:00 PM Pg: 1 of 3

¥ 392883 i Co

Deceased Joint Tenancy Affidavit

Legal Description

THE EAST 1/2 (BEING 205.25 FEET AS MEASURED ALONG THE SOUTH LINE) OF THAT PART OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 13, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD FRINCIPAL MERIDIAN (EXCEPT THE EAST 200 FEET) LYING SOUTH OF THE CENTER LINE OF HAPP ROAD, AND EAST OF THE EAST LINE OF SUNSET RIDGE ROAD, SITUATE IN THE TOWNSHIP OF NORTHFIELD, COUNTY OF COOK, IN THE STATE OF ILLINOIS

PIN #04-13-100-027

1700 HappyD XIEITHDRECK, II.

FIRE STATE OF THE PARTY OF THE

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0432314266 Page: 2 of 3

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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

392115			
State of Ilino	ois)		
County of) ss.	Order No.	
)		
1. 1		A second	
Mart	ilw E i Kaplan at 6/1 S. Milwanker	being duly sworn state	es that
resides	at 6/1 S. Milwan Kee	in the C	ity of
4			
That <u>h</u> \varP w	as acquainted with $\frac{A/ICEB_1}{4EC}$ dear	Kaplan	
			nd in
Cook	County, Illinois, descr	ibed as:	
	Sec Exhibit A attached h	ereto and made a part hereof	
That the decad	Ox		
That the decea	sed died <u>January 31, 200</u> opy of death certificate of the decease		denced
<i>5, 4 55.0</i> 5	opy or deally continued of a process.	tutached horeto.	
That the decear	sed died:		
	Leaving no Last Will & Testament.		
	Leaving a Last Will & Testament a hereto. The original of the unproven Clerk of the Probate Division County, Illino	will shou'd be filed with the of the Circuic Court of	
	eaving a Last Will & Testament which Vill Box of the Probate Division	± ' // '	
That the total deceased either sum of $+ \lambda \gamma$	r individually or in joint tenancy at the	ncluding both real and personal property owned time of the death of the deceased, does not exce	by the eed the
	this affidavit for that purpose of induc Policy, describing the above mention	ing the Chicago Title Insurance Company to issued	its
Subscribed and	I sworn to before me by the said	"OFFICIAL SEAL" Angelica Vargas Notary Public, State of Illinois My Commission Exp. 09/03/2006	
this <u>5</u> , day	of NOV/ 2004, A.D.	19	_
May	lica Vargon	What has le	/
\mathcal{I}_{N}	otary Public	(affiant's signat	r ture)

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OCTOBER 6, 2004

STATE OF ILLINOIS) County of Cook)

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

						COUN	TY CLE	₹Κ	
DECEDENT'S BIRTH NO	REGISTRATION DISTRICT NO. 16	.0		STATE OF ILLING	OIS			STATE FILI	E
	REGISTERED NUMBER		EDICAL C	ERTIFICA	TE OF C	PEAT	4	NUMBER	
Type or Print in PERMANENT INK	DECEASED MAME	FIRST	MIDDLE	LAST	SEX	1805			
See Funeral Directors, Hospital, or Physicians	1. ALICF	1	В.	KAPLAN					H, DAY, YEAR)
Handbook for	COUNTY OF DEAC!		AGE-LAST	UNDER 1 YEAR UN	DERIDAY DAT	EOFBIRTH	Janua	ry 3]	1, 2003
INSTRUCTIONS	4. COOK CITY, TOWN, TWP, OR BOAF	/s	BIRTHDAY (YRS) 5a. 85	MOS DAYS HOU	RS MIN.	D		,	_
		DISTRICT NUMBER	HOSPITAL OR OTI-	IER INSTITUTION-NAME (II	FNOT IN EITHER, GIVE	Decem STREET AND N	Der 4	, 191 JE HOSP	OR HUST INDICATE D.O.
A	6a.Northbrook BIRTHPLACE (CITYANDSTATE)	OD THE PRICE AND	66.1700 Ha	pp Road				OP/EMER.	OR INST, INDICATE D.O.A. RM, INPATIENT (SPECIFY)
DECEASED	FUHEIGN COUNTRY)	VIDY WED, D	VER MARRIED, IVORCED (SPECIFY)	NAME OF SURVIVING	SPOUSE (MAIDENN	IAME, IF WIFE)		16C.	WAS DECEASED EVER IN U
В	7. Chicago, IL	8a. Marr	ied	8b. Elmer Ka	plan				AHMEDFORCES? (YES/N
С				KIND OF BUSINESS OF	RINDUSTRY EC	UCATION (S	PECIFY ONI.	Y HIGHEST G	9. NO GRADE COMPLETED)
D	10. 339-12-5086 RESIDENCE (STREET AND NUME	11a. Hom	e ma ker	11b. Own Hom	12	mentary second	ary (0-12)	Colleg	ge (1-4 or 5 +)
E	13a. 1700 Happ R			TOWN, TWP, OR ROAD	DISTRICT NO.	INSIDE (YES/NC		COUNTY	
			ACE (WHITE BLAC', AM.	<u>Northbrook</u>		130 3	700	13d. Cc	nok
Į.	13e. Illinois	(0000	VDIAN, etc.) (SPEC:F:)	OF HISPAI	NIC OFIGIN? (SPEC	IFY NO OR YES	-IF YES, SPEC	JEY CUBAN, I	OOK MEXICAN, PUERTO RICAN, etc
PARENTS	FATHER-NAME FIRST	MIDDLE	4a. White	14b. 🔀		SPEC	FY:		
PANENIS	15. Max			MOTHER-		MIDI	DLE		(MAIDEN) LAST
	INFORMANT'S NAME (TYPEORI	PRINT)	Briski RE		nna			Zi	tch
1	_{17a} Elmer Kaplan		I	THE STATE OF THE S	LING ADDRESS (S	FREET AND NO.	ORRED., C	TYORTOWN	I, STATE, ZIP)
2	18. PARTI. En	ter the diseases, or com	plications that caused the	b. husband 17c. edeath. Do not enter the moch line.	1700 Нар	p Road	; Nor	<u>thbro</u>	ok, IL 6006
3	minorate Adeac Mills	Ak, or near tallure. Lis	E ONLY ONE COURS ON AN	oh line	og maying, such as	cardiac or res	piratory arre	st.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
• • • • • • • • • • • • • • • • • • • •	disease or condition resulting in death)	(a) Cere	bial I	nseuch	47				1 month
	CONDITIONS, IF ANY	DUE TO, OR AS A CO	ONSEQUENCE OF		7/2	- <u> </u>			1 111011119
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	(b)			T_{i}				• *
CAUSE	STATING THE UNDERLYING 1	DUE TO, OR AS A CO	ONSEQUENCE OF			-			
4	CAUSE LAST.	(c)							
5	PART II. Other significant conditions of Dunch Ha	Diabete	esulting in the underlying caus	e given in PART I.		/JT	PSY	WERE AUTOP	PSY FINDINGS AVAILABLE PRIOR TO
N	DATE OF OPERATION, IF ANY		Mellile	L		(YF 3/	NC ()	COMPLETION 19b.	IOF CAUSE OF DEATH? (YES NO)
. 1	202	Į.	SOF OPERATION				It ce' ALL	WAS THERE	A PREGNANCY IN PAST
	(DID) (DID NOT) ATTEND THE DE	20b.					20c V	NTHS? 'ES □ N	
1 '	AND LAST SAW HIM/HER ALIVE O	At .	123103		WAS CORONER EXAMINER NOTI	OR MEDICAL	HOUD	OF DEATH	<u> </u>
	TO THE BEST OF MY KNOWLEDG	E-BEATHOCCURRED	ATTHE THE DATE	ID W. A. D.	21b. No	- TEO: TESM	21c.	7	:15 Ам.
CERTIFIER	22a. SIGNATURE	follmr). Sie est	au M	HE CAUSE(S) STAT	ED.	DATES		(MONTH, DAY, YEAR)
CERTIFIER.	NAME AND ADDRESS OF CERTIA	ER (TYPEORPRIN					22b.	Januai	ry 31, 2003
1 2	22c. Dr. John Sult	an• 625 Po	com Willia	***			ILLINOIS	SLICENSE	NUMBER
] ~	IAME OF ATTENDING PHYSICIAN	IFOTHER THAN CERT	NEIER (TYPEORPI	is; Highland	Park, II	·	22d. C	<u> </u>	065330
	3			,			NOTE: IF A	IN INJURY W	AS INVOLVED IN THIS
Į R		EMETERY OR CREMA	TORY-NAME	LOCATION	CITY OR TOWN	STATE	MUSTBE	NOTIFIED.	
_2	4a. Cremation 2	4b.Willow La	wn Cremato	ry 24c.Vernon			•	DATE	(MONTH, DAY, YEAR)
DISPOSITION	OHEFINETIONE	NAME	STREET AND NUM	MBER OR R F.D.	City on tou	A.I			<u>eb. 3, 2003</u>
2	5a. Weinstein Fam: UNERAL DIRECTION'S SIGNATUR	ily Service	s; 111 Sko	kie Boulevan	cd: Wilmo	++	11.		ZIP
'	DIVERNAL DIMEGRAPHS SIGNATUR	ħ D.			FU FU	NEHAL DIRECT	111no	15 60	<u>091</u>
2!	DCAL REGISTRADIS MEN TUDO	T. Ja	150		25	Λ'7	4-0	144	79
	CAL REGISTRAR'S PER PRECIS	COUNTY C	LERK DAVI	D ODD —		TE FILED BY LO	ÇAL PEGISTI	AR(MONTH	LDAY, YEAR)
	6a. • REGIS			////	26	<i>I</i>	6-	マー つ	L003
Vite	(· let. 0/03)	Illinois De	epartment of Public Hea	hth-Division ownal Reco	rds	<u> </u>	(BASED OF	N 1989 U.S. S'	TANDARD CERTIFICATE)